

COVER PAGE

Date Received

MAR 29 2011

(MIDDLE)

Human Resources Division

Please type or print in ink.

NAME OF FILER

(LAST)

(FIRST)

ARONBERG

CINDY

1. Office, Agency, or Court

Agency Name

STATE CONTROLLER'S OFFICE

Division, Board, Department, District, if applicable

Your Position

LIST OF BOARDS ATTACHED/DEPUTY STATE CONTROLLER

DESIGNEE AND

► If filing for multiple positions, list below or on an attachment.

Agency:

Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is through December 31, 2010.

☐ Leaving Office: Date Left (Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date

☐ The period covered is through the date of leaving office.

☐ Candidate: Election Year

Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page:

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California

Date Signed

March 1, 2011

(month, day, year)

Signature

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES COMMISSION	
Name <u>CINDY ARONBERG</u>	

► 1. BUSINESS ENTITY OR TRUST

IE INTERNATIONAL CORP.
Name
9663 Santa Monica Blvd., #120
Address (Business Address Acceptable)
Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

EQUIPMENT SALES / SERVICE
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☒ \$2,000 - \$10,000 / / 10
☐ \$10,001 - \$100,000 / / 10
☐ \$100,001 - \$1,000,000 ACQUIRED DISPOSED
☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ SPOUSE'S BUSINESS
Other VENTURE
YOUR BUSINESS POSITION NONE

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☒ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000 / / 10
☐ \$10,001 - \$100,000 / / 10
☐ \$100,001 - \$1,000,000 ACQUIRED DISPOSED
☐ Over \$1,000,000

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold ☐ Other
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

► 1. BUSINESS ENTITY OR TRUST

Name
Address (Business Address Acceptable)
Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000 / / 10
☐ \$10,001 - \$100,000 / / 10
☐ \$100,001 - \$1,000,000 ACQUIRED DISPOSED
☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION _____

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
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☐ Over \$1,000,000

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold ☐ Other
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

ATTACHMENT TO FORM 700 – CINDY ARONBERG

Alternative Energy and Advanced Transportation Financing Authority
California Coastal Commission
California Debt and Investment Advisory Commission
California Debt Limit Allocation Committee
California Educational Facilities Authority
California Health Facilities Financing Authority
California Industrial Development Financing Advisory Commission
California Ocean Protection Council
California Pollution Control Financing Authority
California Tax Credit Allocation Committee
All G.O. Bond Finance Committees on which Controller sits
Golden State Tobacco Securitization Corporation
Higher Education Facilities Finance Committee

Public Employees Retirement System (CalPERS)
State Lands Commission
State Public Works Board
State Teachers' Retirement Board (CalSTRS)